

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

10 JAN 25 PM 1 29  
FRANKLIN COUNTY  
LOCAL ELECTIONS

Full Name of Committee <b>Karnes For Sheriff Committee</b>						Registration Number if PAC		
Full Name of Candidate <b>James A Karnes</b>								
Street Address <b>8336 Alkire Road</b>				Office Sought <b>Franklin Co Sheriff</b>		District		
City <b>Galloway</b>				State <b>O H</b>		Zip Code <b>43119</b>		
Type of Report (place X to the election report type)	Pre Primary		Post Primary		Pre General		Post General	
	July		August		September		Termination	
	Monthly		Monthly		Monthly		Monthly	
Annual Year <b>2009</b>		Semiannual <b>X</b>		Last Half				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M D Y		

For candidates only during an election year if total contributions and expenditures each total \$500 or less during the combined pre and post periods at one election check box No other forms are required at a post primary or post general period if above statement applies See R C 3517 10(H) for details

1. Amount brought forward from last report	\$ 41,731 88
2. Total monetary contributions (From Form No. 31-A)	\$ 0 00
3. Total other income (From Form No. 31-A-2)	\$ 10 09
4. Total funds available (sum of lines 1, 2, 3)	\$ 41,741 97
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,408 64
6. Balance on hand (line 4 minus line 5)	\$ 39,333 33
7. Value of in-kind contributions received (From Form No. 31-B-1)	\$
8. Value of in-kind contributions made (From Form No. 31-B-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding loans owed by committee (From Form No. 31-D)	\$
11. Outstanding loans owed to committee (From Form No. 31-E)	\$
12. Value of independent expenditures made (From Form No. 31-F)	\$
13. For Electronic Filing Entries only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

23  
TOTAL  
PAGES

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**CYNTHIA ENGRAM - TREASURER** *[Signature]*  
Print Name and Title (Treasurer and Deputy Treasurer only) Signature

1-24-10  
Date

Contribution  
pages 2

Expenditure  
pages 1

Other  
pages 1

Total  
pages 2

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>									
To Whom Paid <b>Franklin County Jr Fairboard</b>						M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>455 00</b>
Address <b>5131 Berger Road</b>		Purpose <b>Bake Sale Auction</b>							
City <b>Groveport</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43125</b>	Check Number <b>1215</b>					
To Whom Paid <b>Franklin County Fair Livestock Sale</b>						M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>1,100 00</b>
Address <b>5131 Berger Road</b>		Purpose <b>Jr Fair Sale</b>							
City <b>Groveport</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1217</b>					
To Whom Paid <b>Gahanna Lady Lions</b>						M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>40 00</b>
Address <b>1070 Challis Springs Drive</b>		Purpose <b>Team Sponsorship</b>							
City <b>New Albany</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43054</b>	Check Number <b>1218</b>					
To Whom Paid <b>Sheriffs' PAC BSSA #OH 6-19</b>						M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>200 00</b>
Address <b>6230 Busch Blvd</b>		Purpose <b>Support of PAC Fund</b>							
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43229</b>	Check Number <b>1219</b>					
To Whom Paid <b>Homereach Hospice</b>						M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>460 00</b>
Address <b>OhioHealth Foundation - 180 E Broad S</b>		Purpose <b>Hospice Holiday Tree</b>							
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43215</b>	Check Number <b>1220</b>					
To Whom Paid <b>National Wildlife Federation</b>						M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>133 64</b>
Address <b>1 Stationery Place</b>		Purpose <b>Christmas Cards</b>							
City <b>Rexburg</b>	State <b>I</b>	D <b>D</b>	Zip Code <b>83441</b>	Check Number <b>1221</b>					
To Whom Paid <b>The Shamrock Club</b>						M <b>1</b>	D <b>2</b>	Y <b>0</b>	Amount <b>20 00</b>
Address <b>60 West Castle Road</b>		Purpose <b>Membership dues</b>							
City <b>Columbus</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43207</b>	Check Number <b>1222</b>					
To Whom Paid						M	D	Y	Amount <b>0 00</b>
Address		Purpose							
City	State		Zip Code	Check Number					

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Karnes For Sheriff Committee</b>								
Full Name <b>Fifth Thrd Bank - Central Ohio</b>					Registration Number if PAC			
Address <b>PO Box 182026</b>		Type* <b>I   N</b>			M <b>0   7</b>	D <b>1   3</b>	Y <b>0   9</b>	Amount <b>1 78</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43218</b>		Form(Cash Check etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Thrd Bank - Central Ohio</b>					Registration Number if PAC			
Address <b>PO Box 182026</b>		Type* <b>I   N</b>			M <b>0   8</b>	D <b>1   3</b>	Y <b>0   9</b>	Amount <b>1 75</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43218</b>		Form(Cash Check etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Thrd Bank - Central Ohio</b>					Registration Number if PAC			
Address <b>PO Box 182026</b>		Type* <b>I   N</b>			M <b>0   9</b>	D <b>1   1</b>	Y <b>0   9</b>	Amount <b>1 60</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43218</b>		Form(Cash Check etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Thrd Bank - Central Ohio</b>					Registration Number if PAC			
Address <b>PO Box 182026</b>		Type* <b>I   N</b>			M <b>1   0</b>	D <b>1   3</b>	Y <b>0   9</b>	Amount <b>1 76</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43218</b>		Form(Cash Check etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Thrd Bank - Central Ohio</b>					Registration Number if PAC			
Address <b>PO Box 182026</b>		Type* <b>I   N</b>			M <b>1   1</b>	D <b>1   3</b>	Y <b>0   9</b>	Amount <b>1 69</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43218</b>		Form(Cash Check etc) <b>Direct Deposit</b>			
Full Name <b>Fifth Thrd Bank - Central Ohio</b>					Registration Number if PAC			
Address <b>PO Box 182026</b>		Type* <b>I   N</b>			M <b>1   2</b>	D <b>1   1</b>	Y <b>0   9</b>	Amount <b>1 51</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43218</b>		Form(Cash Check etc) <b>Direct Deposit</b>			
Full Name					Registration Number if PAC			
Address		Type*			M	D	Y	Amount <b>0 00</b>
City		State	Zip Code		Form(Cash Check etc)			
Full Name					Registration Number if PAC			
Address		Type*			M	D	Y	Amount <b>0 00</b>
City		State	Zip Code		Form(Cash Check etc)			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received RE for a refund uncashed check or the committee's own insufficient funds check received place the letters IN for any investment or interest income earned by the committee SA for the sale of committee assets or LN for payments received on a loan made